

**MARYLAND STATE BOARD OF EXAMINERS IN OPTOMETRY**  
**4201 PATTERSON AVENUE**  
**BALTIMORE, MARYLAND 21215-2299**  
**OFFICE NUMBER 410-764-4710 FAX 410-358-2906**  
**EMAIL [Optometry@dhmh.state.md.us](mailto:Optometry@dhmh.state.md.us)**

**APPLICATION FOR APPROVAL OF CLINICAL OBSERVATION  
FOR CONTINUING EDUCATION**

**Name of Facility:** \_\_\_\_\_

**Address of Facility:**

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**Name of participating optometrist and/or ophthalmologist:**  
(Please enclose CV's of each)

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**Please provide a brief history of the above facility's educational activities. (e.g. sponsorship of seminars, training of residents, supervision of externs) Attach an extra sheet if needed.**

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**Provide a brief description of the activity observed by the optometrist.**

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**Approved:** \_\_\_\_\_ **Number of TPA Hours** \_\_\_\_\_

(Maximum of 6 hours allowed every renewal)

**Date:** \_\_\_\_\_ **Reviewer's signature** \_\_\_\_\_